

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

401435953

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 19160

Contact Name: Jennifer Dixon

Name of Operator: CONOCO PHILLIPS COMPANY

Phone: (832) 486-3345

Address: P O BOX 2197

Fax:

City: HOUSTON

State: TX

Zip: 77252-

API Number 05-005-07296-00

County: ARAPAHOE

Well Name: State Bierstadt 4-65 35-34

Well Number: 1CH

Location: QtrQtr: NENE Section: 35 Township: 4s Range: 65w Meridian: 6

Footage at surface: Distance: 1251 feet Direction: FNL Distance: 610 feet Direction: FEL

As Drilled Latitude: 39.663886 As Drilled Longitude: -104.624450

GPS Data:

Date of Measurement: 09/01/2017 PDOP Reading: 1.6 GPS Instrument Operator's Name: Dallas Nielsen

** If directional footage at Top of Prod. Zone Dist.: 1283 feet. Direction: FNL Dist.: 991 feet. Direction: FEL

Sec: 35 Twp: 4S Rng: 65W

** If directional footage at Bottom Hole Dist.: 1344 feet. Direction: FNL Dist.: 1174 feet. Direction: FWL

Sec: 34 Twp: 4S Rng: 65W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number: 1960.12

Spud Date: (when the 1st bit hit the dirt) 08/09/2017 Date TD: 08/16/2017 Date Casing Set or D&A: 08/17/2017

Rig Release Date: 08/26/2017 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 16728 TVD** 8017 Plug Back Total Depth MD 585 TVD** 585

Elevations GR 5872 KB 5898 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

MUD, MWD, GR

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	65	0	126	50	0	126	VISU
SURF	12+1/4	9+5/8	36	0	2,305	603	0	2,315	VISU
1ST	8+1/2	5+1/2	23	0	16,713	2,185	585	16,713	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FOX HILLS	1,845	2,070	NO	NO	
PIERRE	2,070	7,927	NO	NO	
NIOBRARA	7,927				

Comment:

* After completion of well, form 5A will be submitted with actual TPZ footages. TPZ footages provided are estimated based on the kick out point of the wellbore

* CBL will be submitted with from 5A

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Jennifer Dixon

Title: Regulatory Coordinator

Date: _____

Email: jennifer.a.dixon@cop.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401436018	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
401436009	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401436010	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401436012	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401436014	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401436032	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401436033	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)